



Casa Esperanza, Inc. & Affiliates  
 (Nueva Vida, Inc. & Nuestro Hogar, LLC)  
 302 Eustis Street Roxbury, MA 02119



SUPPORTIVE HOUSING APPLICATION

Date Application Completed: \_\_\_\_\_

**HOUSEHOLD MEMBERS INFORMATION**

1. Applicants Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Applicants Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Number: \_\_\_\_\_

Anticipated Move-In Date: \_\_\_\_\_

2. Location Request:

**Single Units**

- Studio: 302 Eustis Street (Nueva Esperanza)
- SRO: 290 Eustis Street & 290 ½ Eustis Street (Nueva Vida)

**Family Units**

- 2 Bedroom
  - 8 Dunmore Street (Dunmore Place)
  - 300 Eustis Street (Nueva Vida)
- 3 Bedroom
  - 8 Dunmore Street (Dunmore Place)
  - 300 Eustis Street (Nueva Vida)

FOR OFFICE USE ONLY	
Bedroom Size	Project Name
	Nueva Vida
	Nueva Esperanza

**3. Household composition**

List ALL persons who will live in the apartment

	Last Name	First name	Relationship	Birth Date	SSN	Student Y/N
1			<i>Head of Household</i>			
2						
3						
4						
5						

Has the number of household members changed in the last 12 months?  Yes  No

Will the number of household members to change in the next 12 months?  Yes  No

Are any housing members currently absent?  Yes  No

When are they expected to return? \_\_\_\_\_

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No

**INCOME** (*Gross Annual Income*)

Please list ALL sources of monthly income each household member

<b>Are you or any member of the household receiving:</b>					
Source of Income	Head of Household	Family member	Family member	Family Member	Family Member
Employment					
Job 1					
Job 2					
Social Security					
SSI					
Pension/Annuity					
Child Support					
Alimony					
TANF					
Other					
<b>TOTAL</b>					

**4. Describe your current living situation:**

Recovery Program: \_\_\_\_\_

Shelter: \_\_\_\_\_

Transitional: \_\_\_\_\_

Other: \_\_\_\_\_

Current Phone # \_\_\_\_\_ Other \_\_\_\_\_

How long have you been living in this address? \_\_\_\_\_

**5. Employment:**

Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If employed, Name of Employer/Company \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (    ) \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Length of time working \_\_\_\_\_ Date started \_\_\_\_\_ Position:

\_\_\_\_\_ Weekly gross pay \_\_\_\_\_

**6. Person to notify in the event of an emergency:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (    ) \_\_\_\_\_

**Applicants who meet the following criteria will receive a preference for supportive housing. All information will be verified.**

**7. Special accommodations:**

Are you disabled and require the features of a wheelchair accessible unit? Yes\_\_\_\_\_ No \_\_\_\_\_

**8.** Are you homeless, or at risk of becoming homeless? Yes\_\_\_\_\_ No \_\_\_\_\_

Do you have a history of substance abuse, and have completed a minimum of a six-month rehabilitation treatment program? Yes\_\_\_\_\_ No \_\_\_\_\_ if yes, indicate name of program: \_\_\_\_\_

Can you benefit from any of the following services: Job training workshops; career counseling; peer support groups; family case management and support; parenting skills workshops; individual and family counseling; NA support groups?

Yes\_\_\_\_\_ No \_\_\_\_\_

I understand that this information will be used to determine my eligibility for housing at Nueva Vida Inc., Nueva Esperanza and Dunmore place supportive housing. Therefore, I grant consent for management to verify information in this application.

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Interviewer Signature                      Date